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Comments to the Federal Trade Commission
Public Workshop: Marketing, Self-Regulation & Childhood Obesity
June 7, 2005

The American Dietetic Association (ADA) commends the Federal Trade Commission for its leadership to host a public workshop to explore self-regulatory marketing initiatives in food and beverage industry that respond to concerns about childhood obesity. The American Dietetic Association is the nation's largest organization of food and nutrition professionals in the United States, with nearly 67,000 members serving the public through the promotion of optimal nutrition, health and well being. ADA is renowned for its grounding in sound science, particularly in the areas of human nutrition and food safety, and for its expertise in translating science on nutrition, disease states and health into information that consumers can understand and apply to self-directed goals to improve their nutritional health.

It is the position of the American Dietetic Association that *"children ages 2 to 11 years should achieve optimal physical and cognitive development, attain a healthy weight, enjoy food, and reduce the risk of chronic disease through appropriate eating habits and participation in regular physical activity."*¹ The position paper in which this statement was published provides specific recommendations for dietetics professionals, parents, and caregivers to improve the nutritional well-being of children.

The ADA has also taken the position *"that all children and adolescents, regardless of age; gender; socioeconomic status; racial, ethnic, or linguistic diversity; or health status, should have access to food and nutrition programs that ensure the availability of a safe and adequate food supply that promotes optimal physical, cognitive, and social growth and development. Appropriate food and nutrition programs include food assistance and meal programs, nutrition education initiatives, and nutrition screening and assessment followed by appropriate nutrition intervention and anticipatory guidance to promote optimal nutrition status."*²

The American Dietetic Association has identified Obesity/Overweight (Prevention and intervention to attain and maintain healthy weights, with a focus on children) as the first of its five priorities. Thus, ADA's activities and resources are channeled to address this pressing health issue. ADA values the importance of working with major industries in

¹Nicklas T, Johnson R. Position of the American Dietetic Association: Dietary guidance for healthy children ages 2 to 11 years *J Am Diet Assoc.* 2004;104:660-667.

²Stang J, Bayerl CT. Position of the American Dietetic Association: Child and adolescent nutrition programs. *J Am Diet Assoc.* 2003;103:887-893.

reaching out to the community to provide valid and appropriate information. For example, in collaboration with WellPoint Health Networks, ADA has produced “*Healthy Habits for Healthy Kids - A Nutrition and Activity Guide for Parents*”, a print and web-based guide for parents that provides practical strategies for engaging the entire family in healthy eating and physical activity.³ Another educational collaboration with Gerber foods is “*Start Healthy: The Guide to Teaching Your Little One Good Eating Habits*” aimed at parents of younger children.⁴

ADA’s priority commitment to addressing obesity is manifest in many other ways. In 2003, ADA identified nine research priorities to be the focus of future research in the areas of dietetics, nutrition, behavioral and social sciences, management, basic science, and food science, leading to the promotion of optimal nutrition and well being for all people. Four of these priorities, specifically the prevention and treatment of obesity and associated chronic disease, support the goals of the workshop.

ADA’s Policy and Advocacy Initiative Team works to advance science-based obesity programs at the Federal, State, and local levels and evidence-based practice in all areas of disease intervention. In the 2003-2004 congressional cycle, the ADA selected the Child Nutrition Reauthorization as a policy priority. Part of this Act includes the mandate that local school districts produce a local wellness policy by June 2008. The policy must include goals for nutrition education, physical activity, and all foods sold on campus during school hours, and other school-based activities designed to promote student wellness. The policy must also establish a plan for measuring the implementation, and involve parents, students, representatives of the school food authority, school board, administrators and public in the development of the policy.

Proactively, ADA published a commentary in 2002 that provided suggestions to foster healthy food consumption practices in school settings that included proper placement of competitive foods, nutrition standards for competitive foods, the need for nutrition education in the classroom, and student access to physical activity. Specific suggestions for offering some healthy competitive food options are provided, as well as pricing policies.⁵

ADA concurs with the Institute of Medicine Committee report titled “Preventing Childhood Obesity: Health in the Balance.” It states that: *Obesity prevention requires an evidence-based public health approach to ensure that recommended strategies and actions will have their intended effects....Because the obesity epidemic is a serious public health problem calling for immediate reductions in obesity prevalence and in its health and social consequences, the committee believed strongly that actions should be based on the best available evidence---as opposed to waiting for the best possible evidence. However, there is an obligation to accumulate appropriate evidence not only to justify a course of action, but also to assess whether it has made a difference. Therefore evaluation should be a critical component of any implemented intervention or change.*⁶

³ PDF Version: <http://www.eatright.org/Public/Files/wellpoint.pdf>

⁴ PDF Version : <http://www.eatright.org/Public/Files/gerber.pdf>

⁵ Kramer-Atwood JL, Dwyer J, Hoelscher DM, Nicklas TA, Johnson RK Schulz GK. Fostering health food consumption in schools; Focusing on the challenges of competitive foods. *J Am Diet Assoc.* 2002;102:1228-1233.

⁶ Koplan FP, Liverman CT, Kraak VI. Preventing childhood obesity: Health in the Balance: Executive Summary. *J Am Diet Assoc.* 2005;105:131-138.

ADA concurs with the Children's Advertising Review Unit's Self-Regulatory Guidelines for Children's Advertising and that the FTC should monitor compliance with those guidelines as well. Such advertising must be truthful and not misleading. Nutrition messages need to be developmentally appropriate with specific behavioral messages to help children make informed food choices. However, the scientific data demonstrate that few American children achieve the Dietary Guidelines for Americans and associated food guidance systems and that multiple factors related to today's social, cultural, and physical environments play a role in food choices made by children and parents alike. It is this complexity that warrants caution in policy development.

Several groups, with the best of intentions, have offered what appear on the surface to be logical, straightforward, obvious, and simple solutions to this complex problem. Yet, implementation of these solutions as policy may result in unintended consequences. Simple solutions to complex problems are generally wrong. This month's issue of *Amber Waves* published by the Economic Research Service of the Department of Agriculture articulates this quite well.

Do we have the evidence that restricting the advertising of certain foods really make a difference in the foods consumed at home? Or, will programs aimed at parents that educate, support and work with them on a face-to-face level make a greater impact? A study sponsored by the National Heart, Lung, and Blood Institute and published by Dr. Linda Van Horn, a registered dietitian and her co-authors in this month's issue of *Pediatrics* reports that children can make healthier food choices with the involvement of parents and access to healthy foods.⁷ This study, part of the Dietary Intervention Study in Children, also referred to as DISC, did not specifically assess snacking during television viewing, but the data did document a substantial intake of empty-calorie foods. Plus, sedentary behavior was high among the study participants. However, the role of the family was significant in changing food habits, a strategy that has also been shown to be effective in reducing smoking rates of children and teens.

Therefore, ADA urges the FTC and other appropriate bodies to undertake research that tests the effectiveness of proposed changes in marketing policy and to understand further the role of television viewing with and without food advertising on actual food choices at home prior to the promulgation of additional regulations. Good policy should be made on sound science and be evidenced-based to the extent possible.

Thank you for giving the ADA the opportunity to share our comments about food marketing aimed at children. ADA looks forward to further opportunities to partner as a stakeholder with the FTC in its efforts to identify, develop, and promote effective and evidence-based policy and programs aimed at lessening the rate of obesity and its negative health consequences on our nation's youngest citizens. For further information, contact Mary H. Hager, PhD, RD, Senior Manager for Regulatory Affairs, at 202-775-8277.

⁷ Van Horn, L, Obarzanek E, Friedman LA, Gernhofer N, Barton B. Children's adaptations to a fat-reduced diet: The dietary intervention study in children (DISC). *Ped.* 2005;15:1723-1733.

